

FEB 19 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County RayRegistration District No. 744File No. 2753Township 16Primary Registration District No. 5976BRegistered No. 11City Hennetta Mo. (No. 2)St. Mo. Ward 11

2. FULL NAME

(a) Residence, No. Mr William Ervin ChandlerSt. Mo.Ward. 11

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) <u>Mrs Anna Chandler</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>October 17-1864</u>		
7. AGE <u>73</u>	YEARS <u>1</u>	MONTHS <u>4</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Burnham County North Carolina</u>		
13. NAME <u>Elisha Chandler</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Burnham County North Carolina</u>		
15. MAIDEN NAME <u>Margaret Langford</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Burnham County North Carolina</u>		
17. INFORMANT (ADDRESS) <u>My Otis Chandler Richmond Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Crematorium</u> DATE <u>January 24, 1937</u>		
19. UNDERTAKER (ADDRESS) <u>G. W. Manser Richmond Missouri</u>		
20. FILED <u>2-10</u> , 19 <u>37</u> <u>E. E. Ray</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>January 31</u> , 19 <u>37</u>
22. I HEREBY CERTIFY that I attended deceased from <u>Jan 8th</u> , 19 <u>37</u> , to <u>Jan 23rd</u> , 19 <u>37</u> I last saw him alive on <u>Jan 23rd</u> , 19 <u>37</u> . Death is said to have occurred on the date stated above, at <u>11:45 am</u> The principal cause of death and related causes of importance were as follows: <u>Pneumonia</u> <u>Chronic</u> <u>Emphysema</u> <u>Coronary</u> <u>Artery</u> <u>Thrombosis</u> <u>6 months duration</u>
Other contributory causes of importance: <u>Arteriosclerosis</u> <u>6 months duration</u>
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____ Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? If so, specify _____ (Signed) <u>P. J. Smith</u> , M. D. (Address) <u>Richmond Missouri</u>

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

